FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB Number: Expires: 3235-0076 March 15, 2009

Estimated average burden Hours per response: 4.00

TEMPORARY FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D.

SECTION 4(6), AND/OR



|   | UNIFORM LIMITED OFFERING  | EXEMPTION              | <del></del>                | Mail Processing               |
|---|---|------------------------|----------------------------|-------------------------------|
| Name of Offering (  check in Blackstone Commodities Fund I            | f this is an amendment and name has change i.P.                                     | ed, and indicate chang | e.)                        | Section                       |
| Filing Under (Check box(es) that                                      | t apply): 🔲 Rule 504 🔲 Rule 505 🛛   | Rule 506 Section       | n 4(6) ULOE                | KIRK U H SUUB                 |
| Type of Filing: New Fili  | ng 🗵 Amendment  |                        |                            |                               |
|   | A. BASIC IDENT  | IFICATION DATA         |                            | Washington, DC                |
| 1. Enter the information request                                      | ed about the issuer   |                        |                            | 111                           |
| Name of Issuer ( check if thi Blackstone Commodities Fund L           | s is an amendment and name has changed, as .P.                                      | nd indicate change.)   |                            |                               |
| Address of Executive Offices (N<br>345 Park Avenue, New York,         | umber and Street, City, State, Zip Code) New York 10154                             |                        | Telephone Number (In 212-5 | cluding Area Code)<br>83-5000 |
| Address of Principal Business Of (if different from Executive Office) | perations (Number and Street, City, State, Zies)                                    | p Code)                | Telephone Number (In       | cluding Area Code)            |
| Brief Description of Business   | To operate as a private investment limited  | partnership.           | PROCES                     | SED                           |
| Type of Business Organization   |   |                        |                            |                               |
| corporation   | limited partnership, already forme  | ed 🗌 othe              | r (please specify):2 5 2   | 009 ML                        |
| business trust  | limited partnership, to be formed   |                        | <b>THOMSON R</b>           | EUTERS                        |
| Actual or Estimated Date of Inco                                      | Month reporation or Organization: 02 Organization (Enter two-letter U.S. Postal Ser | 05                     | ☑ Actual ☐ Estim           | ated                          |
|   | CN for Canada; FN for other for   |                        |                            | <u>DE</u>                     |

GENERAL INSTRUCTIONS Note: This is a special Temporary Form D (17 CFR 239.500T) that is available to be filed instead of Form D (17 CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 CFR 239.500T) or an amendment to such a notice in paper format on or after September 15, 2008 but before March 16, 2009. During that period, an issuer also may file in paper format an initial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using Form D (17 CFR 239.500) and otherwise comply with all the requirements of § 230.503T.

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

|          |         |                                   |                               | A. BASIC IDEN                               | TIFICATION DATA                  |  |  |
|----------|---------|-----------------------------------|-------------------------------|---|----------------------------------|--|--|
| 2.       | Ent     | er the information                | on requested for th           | e following:                                |                                  |  |  |
|          | o       | Each promoter                     | of the issuer, if th          | e issuer has been organized                 | within the past five years;      |  |  |
|          | o       | Each beneficial of the issuer:    | l owner having the            | e power to vote or dispose,                 | or direct the vote or dispositio | n of, 10% or more o                    | of a class of equity securities        |
|          | o       | Each executive                    | officer and direct            | or of corporate issuers and                 | of corporate general and mana    | nging partners of par                  | ntnership issuers; and                 |
|          | o       | Each general a                    | nd managing partr             | er of partnership issuers.                  |                                  |  |  |
| Check    | Box(es  | ) that Apply:                     | Promoter                      | Beneficial Owner                            | Executive Officer                | Director                               | General Partner                        |
|          | Bla     |                                   | ive Asset Manage              | ment Associates LLC                         |                                  |  |  |
| Busines  |         | esidence Addre:<br>Park Avenue, N | ss (Numbe<br>lew York, New Yo | r and Street, City, State, Zij<br>ork 10154 | p Code)                          |  |  |
| Check I  |         | that Apply:                       | Promoter                      | Beneficial Owner                            | Executive Officer                | Director                               | General Partner of the General Partner |
| Full Na  | me (L   | ast name first, if                | individual)                   |   |                                  |  |  |
| Busines  | s or R  | esidence Addres                   | ss (Numbe                     | r and Street, City, State, Zip              | Code)                            |  |  |
| Check I  | Box(es  | ) that Apply:                     | Promoter                      | Beneficial Owner                            | Executive Officer                | ☐ Director                             | General and/or Managing Partner        |
| Full Na  | me (La  | ast name first, if                | individual)                   | <del></del>                                 |                                  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |
| Busines  | s or R  | esidence Addres                   | s (Numbe                      | r and Street, City, State, Zip              | Code)                            |  |  |
| Check I  | 3ox(es  | ) that Apply:                     | Promoter                      | ☐ Beneficial Owner                          | ☐ Executive Officer              | Director                               | General and/or Managing Partner        |
| Full Na  | me (La  | ist name first, if                | individual)                   |   |                                  |  |  |
| Busines  | s or R  | esidence Addres                   | s (Number                     | and Street, City, State, Zip                | Code)                            | <del></del>                            | <del></del>                            |
| Check E  | Box(es  | ) that Apply:                     | Promoter                      | ☐ Beneficial Owner                          | Executive Officer                | Director                               | General and/or Managing Partner        |
| Full Nar | me (La  | st name first, if                 | individual)                   |   |                                  |  | <del></del>                            |
| Busines  | s or Re | esidence Addres                   | s (Number                     | and Street, City, State, Zip                | Code)                            |  |  |
| Check B  | Box(es) | that Apply:                       | Promoter                      | ☐ Beneficial Owner                          | Executive Officer                | Director                               | General and/or Managing Partner        |
| Full Nar | ne (La  | st name first, if                 | individual)                   |   |                                  |  |  |
| Busines  | s or Re | sidence Addres                    | s (Number                     | and Street, City, State, Zip                | Code)                            | <del></del>                            |  |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

|          |                                     |  |  |   | В.  | INFORM.  | ATION AE  | OUT OFF                               | ERING                                     |  |   |  |   |
|----------|-------------------------------------|--|--|---|---|--|---|---------------------------------------|---|--|---|--|---|
| 1.<br>2. | What i                              | Answer als<br>is the minit<br>Subject to   | ld, or does<br>so in Appen<br>mum invest<br>the discreti | dix, Colun<br>ment that v<br>on of the G                | ntend to se<br>nn 2, if filir<br>vill be acce<br>ieneral Part | ll, to non-a<br>ng under U<br>epted from a<br>ther to acce | ccredited in<br>LOE.<br>any individ<br>pt lesser ar | nvestors in<br>ualnounts.             | this offerin                              |  | <u>\$1</u>                                  | ] 🔯<br><u>,000,000</u> *<br>es No              |   |
| 4.       | Enter fremun agent of person Applie | the information for of a broker is to be listen to be able to be a | solicitation<br>or dealer re<br>ed are assoc             | sted for eac<br>of purchasegistered we<br>ciated person | h person w<br>sers in coni<br>ith the SEC                     | tho has been ection with and/or wi                         | n or will be<br>h sales of s<br>th a state o        | paid or givecurities in retates, list | ven, directl<br>the offerin<br>the name o | y or indirect<br>g. If a persofthe broke | etly, any co<br>son to be list<br>or dealer | mmission of<br>sted is an as<br>f. If more the | or similar<br>ssociated person o<br>han five (5)<br>or only. <b>Not</b> |
| Full N   | ame (Las                            | t name firs  | t, if individ  | lual)   |   |  |   |                                       |   |  | ==  | _  |   |
| Busine   | ss or Re                            | sidence Ad   | dress (Num   | ber and St  | reet, City, S   | State, Zip C   | Code)   |                                       |   |  |   |  |   |
| Name     | of Assoc                            | iated Broke  | er or Dealer   |   |   |  |   |                                       |   |  |   | •  |   |
|          |                                     |  | sted Has So<br>or check in                               |   |   | olicit Purcl   | hasers  |                                       | <del></del>                               |  | · , ,,,,,                                   |  | ll States   |
|          | [AL]<br>[IL]<br>[MT]<br>[RI]        | [AK]<br>[IN]<br>[NE]<br>[SC]   | [AZ]<br>[IA]<br>[NV]<br>[SD]                             | [AR]<br>[KS]<br>[NH]<br>[TN]                            | [CA]<br>[KY]<br>[NJ]<br>[TX]                                  | [CO]<br>[LA]<br>[NM]<br>[UT]                               | [CT]<br>[ME]<br>[NY]<br>[VT]                        | [DE]<br>[MD]<br>[NC]<br>[VA]          | [DC]<br>[MA]<br>[ND]<br>[WA]              | [FL]<br>[MI]<br>[OH]<br>[WV]             | [GA]<br>[MN]<br>[OK]<br>[WI]                | [HI]<br>[MS]<br>[OR]<br>[WY]                   | [ID]<br>[MO]<br>[PA]<br>[PR]  |
| Full N   | ime (Las                            | t name firs  | t, if individ  | ual)  |   |  |   |                                       |   |  |   |  |   |
| Busine   | ss or Res                           | idence Ad  | dress (Num   | ber and Str   | eet, City, S  | State, Zip C   | ode)  |                                       |   | <del></del>                              |   | •  |   |
| Name     | of Assoc                            | ated Broke   | er or Dealer   |   |   |  |   |                                       |   |  |   | •  |   |
|          |                                     |  | ted Has So<br>or check in                                |   |   | olicit Purch   | nasers  | -                                     |   |  |   | Al   | II States   |
|          | (AL)<br>[IL]<br>[MT]<br>[RI]        | [AK]<br>[IN]<br>[NE]<br>[SC]   | (AZ)<br>[IA]<br>[NV]<br>[SD]                             | (AR)<br>[KS)<br>[NH]<br>[TN]                            | [CA]<br>[KY]<br>[NJ]<br>[TX]                                  | [CO]<br>[LA]<br>[NM]<br>[UT]                               | (CT)<br>[ME]<br>[NY]<br>[VT]                        | [DE]<br>[MD]<br>[NC]<br>[VA]          | (DC)<br>[MA]<br>[ND]<br>[WA]              | (FL)<br>[MI]<br>[OH]<br>[WV]             | [GA]<br>[MN]<br>[OK]<br>[WI]                | (HI]<br>[MS]<br>[OR]<br>[WY]                   | (ID)<br>[MO]<br>[PA]<br>[PR]  |
| Full Na  | me (Lasi                            | name first   | t, if individ  | ual)  |   |  |   |                                       |   |  |   |  |   |
| Busine   | s or Res                            | idence Add   | dress (Num   | ber and Str   | eet, City, S  | tate, Zip C  | ode)  |                                       |   |  |   |  |   |
| Name o   | f Associ                            | ated Broke   | r or Dealer  |   |   |  | <del></del>   |                                       |   |  | <del>,</del>                                |  |   |
|          |                                     |  | ted Has Sol<br>or check inc                              |   |   | olicit Purch   | asers   |                                       |   | <u> </u>                                 |   | ☐ Ali  | l States  |
|          | (AL)<br>(IL)<br>(MT)<br>(RI)        | [AK]<br>[IN]<br>[NE]<br>[SC]   | [AZ]<br>[IA]<br>[NV]<br>[SD]                             | [AR]<br>[KS]<br>[NH]<br>[TN]                            | [CA]<br>[KY]<br>[NJ]<br>[TX]                                  | [CO]<br>[LA]<br>[NM]<br>[UT]                               | [CT]<br>[ME]<br>[NY]<br>[VT]                        | [DE]<br>[MD]<br>[NC]<br>[VA]          | [DC]<br>[MA]<br>[ND]<br>[WA]              | [FL]<br>[MI]<br>[OH]<br>[WV]             | [GA]<br>[MN]<br>[OK]<br>[WI]                | [HI]<br>[MS]<br>[OR]<br>[WY]                   | (ID)<br>(MO)<br>(PA)<br>(PR)  |

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## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| the securities offered for exchange and already exchanged.  Type of Security  | Aggregate<br>Offering<br>Price   | Amount<br>Already<br>Sold   |
|---|--|---|
| Debt  |  | SO  |
| Equity  | <del></del>  | \$0   |
| [ ] Common [ ] Preferred  | 30   | 30  |
| Convertible Securities (including warrants)   | <b>C</b> O   | \$0   |
| ·   |  |   |
| Partnership Interests   | _ <del></del>  | \$228,683,286   |
|   | <u>\$0</u>   | \$0   |
| Total   |  | \$228,683,286   |
|   | Number<br>Investors  | Aggregate Dolla<br>Amount of<br>Purchases   |
| Accredited Investors  | 5  | \$228,683,286   |
| Non-accredited Investors  | 0  | \$0   |
| Total (for filing under Rule 504 only)  |  | \$  |
|   |  |   |
| Answer also in Appendix, Column 4, if filing under ULO  3. If this filing is for an offering under Rule 504 or 505, enter the infor offerings of the types indicated, in the twelve (12) months prior to the type listed in Part C - Question 1.  | mation requested for all securities sold by the issuer, to<br>the first sale of securities in this offering. Classify secur  | ities by  |
| <ol> <li>If this filing is for an offering under Rule 504 or 505, enter the infor offerings of the types indicated, in the twelve (12) months prior to the type listed in Part C - Question 1.</li> </ol>   | mation requested for all securities sold by the issuer, to<br>the first sale of securities in this offering. Classify secur<br>Type of   | ities by<br>Dollar  |
| 3. If this filing is for an offering under Rule 504 or 505, enter the infor offerings of the types indicated, in the twelve (12) months prior to the types indicated.   | mation requested for all securities sold by the issuer, to<br>the first sale of securities in this offering. Classify secur<br>Type of<br>Security   | ities by<br>Dollar  |
| <ol> <li>If this filing is for an offering under Rule 504 or 505, enter the infor offerings of the types indicated, in the twelve (12) months prior to the type listed in Part C - Question 1.</li> <li>Type of Offering</li> <li>Rule 505</li></ol>  | Trination requested for all securities sold by the issuer, to the first sale of securities in this offering. Classify security Type of Security  | ities by<br>Dollar  |
| 3. If this filing is for an offering under Rule 504 or 505, enter the infor offerings of the types indicated, in the twelve (12) months prior to the type listed in Part C - Question 1.  Type of Offering Rule 505   | Transition requested for all securities sold by the issuer, to the first sale of securities in this offering. Classify security and the first sale of security.  | ities by  |
| 3. If this filing is for an offering under Rule 504 or 505, enter the infor offerings of the types indicated, in the twelve (12) months prior to the type listed in Part C - Question 1.  Type of Offering Rule 505   | Transition requested for all securities sold by the issuer, to the first sale of securities in this offering. Classify security  | Dollar<br>Amount Sold<br>\$<br>\$   |
| 3. If this filing is for an offering under Rule 504 or 505, enter the infor offerings of the types indicated, in the twelve (12) months prior to the type listed in Part C - Question 1.  Type of Offering Rule 505   | Type of Security  ee and distribution of the securities in this offering. Excitation may be given as subject to future contingen   | Dollar<br>Amount Sold<br>\$<br>\$<br>\$<br>\$   |
| 3. If this filing is for an offering under Rule 504 or 505, enter the infor offerings of the types indicated, in the twelve (12) months prior to the type listed in Part C - Question 1.  Type of Offering Rule 505   | Type of Security  Ce and distribution of the securities in this offering. Execurity information may be given as subject to future contingencheck the box to the left of the estimate.  | Dollar<br>Amount Sold<br>\$<br>\$<br>\$<br>\$   |
| 3. If this filing is for an offering under Rule 504 or 505, enter the infor offerings of the types indicated, in the twelve (12) months prior to the type listed in Part C - Question 1.  Type of Offering Rule 505  Regulation A  Rule 504  Total  4. a. Furnish a statement of all expenses in connection with the issuant amounts relating solely to organization expenses of the issuer. The interest amount of an expenditure is not known, furnish an estimate and the statement of all expenses. | Type of Security  Type of Security  Ce and distribution of the securities in this offering. Excurity  Type of Security  Ce and distribution of the securities in this offering. Excurity  Check the box to the left of the estimate.   | Dollar Amount Sold  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$                                   |
| 3. If this filing is for an offering under Rule 504 or 505, enter the infor offerings of the types indicated, in the twelve (12) months prior to the type listed in Part C - Question 1.  Type of Offering Rule 505  Regulation A  Total  4. a. Furnish a statement of all expenses in connection with the issuant amounts relating solely to organization expenses of the issuer. The the amount of an expenditure is not known, furnish an estimate and Transfer Agent's Fees                         | Type of Security  Type of Security  Ce and distribution of the securities in this offering. Excuring Excuration may be given as subject to future contingent check the box to the left of the estimate.  | Dollar Amount Sold  \$ \$ \$ \$ \$ \$ clude cies. If  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| 3. If this filing is for an offering under Rule 504 or 505, enter the infor offerings of the types indicated, in the twelve (12) months prior to the type listed in Part C - Question 1.  Type of Offering Rule 505   | Type of Security  Type of Security  Ce and distribution of the securities in this offering. Excinformation may be given as subject to future contingent check the box to the left of the estimate.   | Dollar Amount Sold  \$ \$ \$ \$ \$ \$ clude cies. If  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| 3. If this filing is for an offering under Rule 504 or 505, enter the infor offerings of the types indicated, in the twelve (12) months prior to the type listed in Part C - Question 1.  Type of Offering Rule 505   | Type of Security  Cee and distribution of the securities in this offering. Excinformation may be given as subject to future contingent check the box to the left of the estimate.  | Dollar Amount Sold  \$ \$ \$ \$ \$ \$ \$ shude cies. If     \$0   \$**   \$5*                               |
| 3. If this filing is for an offering under Rule 504 or 505, enter the infor offerings of the types indicated, in the twelve (12) months prior to the type listed in Part C - Question 1.  Type of Offering Rule 505   | Type of Security  Type of Security  Ce and distribution of the securities in this offering. Excurity security s | Dollar Amount Sold  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$                                   |

[x] \$20,000\*

<sup>\*</sup>All offering and organizational expenses are estimated not to exceed \$20,000

| Indicate below the amount of the adjusted gross purposes shown. If the amount for any purpose estimate. The total of the payments listed must C - Question 4.b above. | s proceeds to the issuer used c         | or pro<br>mate | posed<br>and c | to be used for each                                    | ch of i | of th      |                            |
|---|---|----------------|----------------|--|---------|------------|----------------------------|
|   |   |                |                | Payments to<br>Officers,<br>Directors, &<br>Affiliates |         |            | Payments to<br>Others      |
| Salaries and fees   |   | Į              | ]              | \$   | ľ       | ]          | \$                         |
| Purchase of real estate   |   | ſ              | ]              | <u>\$</u>  | [       | ]          | \$                         |
| Purchase, rental or leasing and installation of m   | achinery and equipment                  | [              | ]              | \$   | [       | ]          | \$                         |
| Construction or leasing of plant buildings and f  | acilities                               | [              | ]              | \$   | ĺ       | ]          | \$                         |
| Acquisition of other businesses (including the vinvolved in this offering that may be used in exceptions of another issuer pursuant to a merger                       | change for the assets or                | [              | ]              | \$   | [       | }          | \$                         |
| Repayment of indebtedness   | *************************************** | ſ              | ]              | <u>\$</u>  | [       | J          | \$                         |
| Working capital   | *************************************** | Į              | ]              | \$   | I       | ]          | \$                         |
| Other (specify): Investment Capital   |   | ĺ              | ]              | \$   | [ >     | <b>(</b> ] | \$1,999,980,000            |
| Column Totals   |   | ĺ              | ]              | \$   |         | ]          | <del></del>                |
| Total Payments Listed (column totals added)   |   |                |                | [X] <u>\$</u>  | 1,999   | ,980.      | ,000                       |
|   | D. FEDERAL SIGN                         | JTAN           | IRE            |  |         |            |                            |
| issuer has duly caused this notice to be signed by ature constitutes an undertaking by the issuer to formation furnished by the issuer to any non-accrecing           | urnish to the U.S. Securities a         | ind E          | xchar          | ige Commission, u                                      | pon v   | vritte     | n request of its staff, th |
| er (Print or Type)  | Signatule                               | <u> </u>       |                |  |         | D          | ate 2/2/00                 |
| ckstone Commodities Fund L.P.   |   | <u> </u>       | ب              | _ <del></del>  | _       |            | 3/3/07                     |
| ne of Signer (Print or Type)  | Title of Sign                           | er (Pr         | int o          | Type)  |         |            |                            |
| ley A. Stein  | Vice Presid<br>Investment               |                |                | ckstone Alternat                                       | ive A   | sset       | Management L.P., the       |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

# ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 10001.)

|     |   | E. STATE SIGNATURE  | 於學與在學院的自然所謂: (1) (1)                          |
|-----|---|---|---|
| ì.  | Is any party described in 17 CFR 230.262 preser   | ntly subject to any of the disqualification provision                     | Yes ns of such rule?                          |
|     | See Append  | lix, Column 5, for state response. Not applicable                         |   |
| 2.  | The undersigned issuer hereby undertakes to fur (17 CFR 239.500) at such times as required by s   | mish to any state administrator of any state in whate law. Not applicable | nich this notice is filed, a notice on Form D |
| 3.  | The undersigned issuer hereby undertakes to fur offerees. Not applicable  | mish to the state administrators, upon written req                        | uest, information furnished by the issuer to  |
| 4.  | The undersigned issuer represents that the issue Offering Exemption (ULOE) of the state in we exemption has the burden of establishing that the | hich this notice is filed and understands that t                          | he issuer claiming the availability of this   |
|     | e issuer has read this notification and knows the dersigned duly authorized person.   | e contents to be true and has duly caused this                            | notice to be signed on its behalf by the      |
| Iss | uer (Print or Type)   | Signature   | Date  |
| Bla | ackstone Commodities Fund L.P.  | Specien   | 3/3/09  |
| Na  | me (Print or Type)  | Title (Print or Type)   |   |
| Ha  | yley A. Stein   | Vice President of Blackstone<br>Investment Manager                        | Alternative Asset Management L.P., the        |

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| Δ | p | P | F. | N | D | IX |  |
|---|---|---|----|---|---|----|--|
|   |   |   |    |   |   |    |  |

|       |   |                            | BLA  | ACKSTONE CO  | OMMODITIES FU | ND L.P.  |        |             |   |  |
|-------|---|----------------------------|--|--|---------------|--|--------|-------------|---|--|
| 1     | Intend to no accred investo Stat (Part B-1) | on-<br>ited<br>ors in<br>e | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) | Type of investor and amount purchased in State (Part C-Item 2) |               |  |        |             | Not Applicable Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |  |
| State | Yes   | No                         | Limited Partnership Interests \$2,000,000,000  | Number of<br>Accredited<br>Investors                           | Amount        | Number of<br>Non-<br>Accredited<br>Investors     | Amount | Yes         | No  |  |
| AK    | ļ   |                            |  |  |               |  |        |             |   |  |
| AL    |   |                            |  |  |               |  |        |             |   |  |
| AR    |   |                            |  | <u> </u>   |               | ļ  |        |             |   |  |
| AZ    | <u> </u>                                    |                            |  |  |               |  |        |             |   |  |
| CA    |   |                            |  |  | <u> </u>      | <u> </u>   |        |             |   |  |
| СО    |   |                            |  |  |               |  |        |             |   |  |
| СТ    | ļ   |                            |  |  |               |  |        |             |   |  |
| DC    |   |                            |  |  |               | <u> </u>   |        |             | ļ   |  |
| DE    |   | Х                          | X  | 0  | \$0           | 0  | 0      | <u> </u>    |   |  |
| FL    |   | -                          |  | <br>   | ļ             | <del> </del>                                     |        |             |   |  |
| GA    |   |                            |  |  |               | <del>                                     </del> |        |             |   |  |
| HI    |   |                            |  |  |               |  |        | <del></del> |   |  |
| IA    |   | ļ                          |  |  |               |  |        | <b></b>     |   |  |
| ID    |   |                            |  | ·  |               |  |        |             |   |  |
| IL    | -   |                            |  |  |               |  |        | L <u></u>   | ļ <del></del> .   |  |
| IN    |   |                            | . <u></u>  | <del></del> -  |               |  |        | _           |   |  |
| KS    |   |                            |  |  |               | <b> </b>   |        |             | <del></del> _   |  |
| KY    | · <del></del>                               |                            |  |  |               |  |        |             |   |  |
| LA    | -   |                            |  |  | <u></u>       | ļ <del></del>                                    |        |             | <del></del> -{  |  |
| MA    |   |                            |  |  |               |  |        |             |   |  |
| MD    |   |                            |  |  |               |  |        |             |   |  |
| ME    |   |                            |  |  | <u> </u>      | }  |        |             |   |  |
| MI    |   |                            |  |  | <u> </u>      |  |        |             |   |  |
| MN    | -   |                            | <del></del>  |  |               |  |        |             |   |  |
| MO    |   |                            | <del></del>  |  | <del> </del>  | ·  |        |             |   |  |
| MS    |   |                            |  |  |               | <del>  </del>                                    |        |             |   |  |
| MT    |   |                            |  |  |               |  |        |             |   |  |

| Δ | p | p | E   | N | D | IX |
|---|---|---|-----|---|---|----|
| _ |   |   | E., |   |   |    |

|       |  | _                        | BLA  |  | OMMODITIES FUT | ND L.P.                                      |        |     |   |  |
|-------|--|--------------------------|--|--|----------------|--|--------|-----|---|--|
|       | Intend to no accred investo State (Part B- | n-<br>ited<br>rs in<br>e | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) | Type of investor and amount purchased in State (Part C-Item 2) |                |  |        |     | 5 Not Applicable Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |  |
| State | Yes  | No                       | Limited Partnership Interests \$2,000,000,000  | Number of<br>Accredited<br>Investors                           | Amount         | Number of<br>Non-<br>Accredited<br>Investors | Amount | Yes | No  |  |
| NC    |  |                          |  |  |                |  |        |     |   |  |
| ND    |  |                          |  |  |                |  |        |     |   |  |
| NE    |  |                          |  |  |                |  |        |     |   |  |
| NH    |  |                          |  |  |                |  |        |     |   |  |
| NJ    |  |                          |  | · <del></del>  |                |  |        |     |   |  |
| NM    |  |                          |  |  |                |  |        |     |   |  |
| NV    |  |                          |  | <u></u> .  |                |  | ·      |     |   |  |
| NY    |  | Х                        | X  | 5  | \$228,683,286  | 0  | 0      |     |   |  |
| OH    |  |                          |  |  |                |  |        |     |   |  |
| OK    |  |                          |  |  |                |  | ·      |     |   |  |
| OR    |  |                          |  |  | <del></del>    |  |        |     |   |  |
| PA    | ·  |                          |  |  |                |  |        |     |   |  |
| PR    |  |                          |  |  |                |  |        |     |   |  |
| RI    |  |                          |  | <del></del>  | <u></u>        |  |        |     |   |  |
| SC    |  |                          |  |  |                |  |        |     |   |  |
| SD    | _  |                          |  |  |                |  |        |     |   |  |
| TN    |  |                          |  | -  |                |  |        |     |   |  |
| TX    |  |                          |  |  |                |  |        |     |   |  |
| UT    |  | }                        |  |  |                |  |        |     |   |  |
| VA    |  |                          |  |  |                |  |        |     |   |  |
| VΤ    |  |                          |  |  |                |  |        |     |   |  |
| WA    |  |                          |  |  |                |  |        |     |   |  |
| WI    |  |                          |  |  |                |  |        |     |   |  |
| wv    |  |                          |  |  |                |  |        |     |   |  |
| WY    |  | }                        |  |  |                |  |        |     |   |  |

